

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3				1			53						
4				1			54						
5				1			55						
6		2		1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13		1		1			63						
14	1		0				64						
15		1		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19	1		1				69						
20		1		1			70						
21	1		1				71						
22		1		1			72						
23		2		1			73						
24				1			74						
25				1			75						
26	1		1				76						
27		1		1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.	5		5		5								
TOTAL DEP.	28	28	22	22	21	21							
TOTAL CLAIMS	33	33	27	27	26	26							